## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10600507

| CLAIMS AS FILED - PART I<br>(Column 1) (Column 2)            |   |   |              |                                  |              |                  |         | SMALL ENTITY TYPE   |                        |                | OTHER THAN<br>OR SMALL ENTITY           |                        |
|--|---|---|--------------|----------------------------------|--------------|------------------|---------|---------------------|------------------------|----------------|---|------------------------|
| TOTAL CLAIMS   |   |   | 22           |                                  |              |                  | 1       | RATE                | FEE                    |                | RATE                                    | FEE                    |
| FOR  |   |   | NUMBER FILED |                                  | NUMBER EXTRA |                  |         | BASIC FEE           | 375.00                 | OR             | BASIC FEE                               | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                      |   |   | 22 minus 20= |                                  | *            |                  |         | X\$ 9=              |                        | OR             | X\$18=                                  | 36                     |
|  | EPENDENT CL   |   | ∠ minus 3 =  |                                  | *            |                  |         | X42=                |                        | OR             | X84≖                                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                             |   |   |              |                                  | <u> </u>     |                  |         | +140=               |                        | OR             | +280=                                   |                        |
| * If the difference in column 1 is less th                   |   |   |              | than zero, enter "0" in column 2 |              |                  | 1       | TOTAL               |                        | OR             | TOTAL                                   | 286                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |   |              |                                  |              |                  | SMALL E | NTITY               | OR                     | OTHER<br>SMALL |   |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA |         | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus        | **                               |              | =                |         | X\$ 9=              |                        | OR             | X\$18=                                  |                        |
|  | Independent   | *   | Minus        | ***                              | r OL ANA     | =                |         | X42=                |                        | OR             | X84=                                    |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |   |              |                                  | CLAIM        |                  |         | +140=               |                        | OR             | +280=                                   |                        |
|  |   |   |              |                                  |              |                  |         | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT, FEE                     |                        |
| 0  |   | (Column 1)                                |              |                                  | ADDN.1 621   |                  |         | ADDIT. I EE         |                        |                |   |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID    | BER<br>OUSLY | PRESENT<br>EXTRA |         | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| NON  | Total   | *   | Minus        | **                               |              | =                |         | X\$ 9=              |                        | OR             | X\$18=                                  |                        |
| AME  | Independent   | *   | Minus        | ***                              | 5 OL A 18 4  | =                |         | X42=                |                        | OR             | X84=                                    |                        |
| L_   | FIRST PRESE   | NTATION OF M                              | OLIPLE DEI   | PENDENT                          | CLAIM        |                  | 1       | +140=               |                        | OR             | +280=                                   |                        |
|  |   |   |              |                                  |              |                  |         | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT, FEE                     |                        |
|  |   | (Column 1)                                |              | (Colu                            |              | (Column 3)       |         |                     |                        |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID    | BER<br>OUSLY | PRESENT<br>EXTRA |         | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus        | **                               |              | 2                |         | X\$ 9=              |                        | OR             | X\$18=                                  |                        |
|  | Independent   | *   | Minus        | ***                              |              | -                |         | X42=                |                        | OR             | X84=                                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                  |              |                  | 1       | +140=               |                        | OR             | +280=                                   |                        |
|  | * If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.   |   |              |                                  |              |                  |         |                     |                        |                | TOTAL                                   |                        |
|  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |              |                                  |              |                  |         |                     |                        | OR             | ADDIT. FEE                              |                        |
|  |   | nber Previously Pa                        |              |                                  |              |                  | er fou  | and in the app      | propriate bo           | x in co        | lumn 1.                                 |                        |